



## PSYCHOLOGICAL SERVICES RECORD OF INFORMED CONSENT PROCESS

Student's Surname	First Name	Date of Birth: Day    Month    Year

Parent/Guardian or Student, where applicable who consented	Method of Contact: Phone/ in person	Phone number

The informed consent discussion covered all issues checked:

- Current concerns leading to Psychological Services referral
- Psychological services to be provided:  
**Assessment:**

___ Ontario Student Record	___ parent/guardian information	___ teacher (s) information
___ observation	___ interviews with student	___ cognitive
___ information processing	___ academic	___ social and emotional
___ _____	___ _____	___ _____

Behaviour Programming \_\_\_\_\_

Counselling: Individual \_\_\_\_\_ Group \_\_\_\_\_ Where counselling is provided, nature and frequency of sessions:

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- Risks and benefits of the service to be provided
- Outcome of the service for the client:  
 \_\_\_ Verbal and written psychological report      \_\_\_ referral for further services
- Psychological record file to keep notes and test protocol forms until the year of the student's 31<sup>st</sup> birthday
- Confidentiality / sharing of information with School Board staff:
  - confidentiality and limits to confidentiality, such as child abuse, threat of harm to self or other
  - written report to OSR (and Central file) for use by school staff in planning appropriate programming
  - no release to anyone outside of TDSB without your written informed consent, except as required by law
  - Psychology staff may use the information anonymously for research
- Service provided by: \_\_\_\_\_ Clinical Supervisor: \_\_\_\_\_

Comments about the Informed Consent Discussion: \_\_\_\_\_

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Date: \_\_\_\_\_  
Date of consent process with the client

Signature: \_\_\_\_\_  
Psychological Services Staff who processed the informed consent with the client

Date: \_\_\_\_\_  
Date of consent process with the client

Signature: \_\_\_\_\_  
Parent/Guardian or student, where applicable, if consent process occurred in person

Name of Interpreter, where applicable \_\_\_\_\_ Phone # \_\_\_\_\_

Original - Psychological Services      1 Copy - Parent(s)/Guardian(s) or Student, if applicable